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reflections as possible on both sides of the debate, and to ensure that everyone around this which we call "the horseshoe" has an opportunity to speak and to contribute if they wish to, so I will be keeping to time and will stop anyone who tries inadvertently to divert from topic. I also want to remind all present that the purpose of the seminar process is for speakers to give their opinions in a friendly and co-operative environment; it's not a forum for cross-examination of others or for submission, long speeches, giving evidence, about events that are taking place elsewhere, nor is it the place in which to ventilate anger about any specific grievance that you may have. Please do be aware that it's not part of this inquiry's function to determine civil or criminal liability of individuals or organisations. As you know, and as the chair has said, this seminar sits within the inquiry's wider body of work and the terms of reference are published on the inquiry's website for anyone who wishes to refer to them. I'm just going to turn to mandatory reporting and look at what is mandatory reporting. In a nutshell, it is what it says on the tin, if

that it should be mandatory to report. So mandatory reporting, mandatory to report. For the purpose of this seminar, it's the concept of a legal requirement, or the idea of such a legal requirement, that knowledge, concern, suspicion or belief of child sexual abuse should be reported to a designated authority. There are many different roles and models of mandatory reporting, some apply more widely than others. For example, some extend to physical abuse without a sexual context and some even to psychological abuse and neglect. But during the course of this seminar, we're going to focus on a narrow reporting duty that applies only to child sexual abuse. Although we may touch on and consider models that are in use elsewhere, of course we mustn't forget that our scope is relating to England and Wales.

As we know, there are many different and strongly-held opinions on this topic, and it's important to note that the inquiry at this point is entirely neutral on the issue of mandatory reporting and doesn't take a stand on one side or the other.

That is why it's important to hear what you all have to say.

The information that we have and will gather from our seminars, from the evidence, from the inquiry investigations and our other wider work between now and

Page 5

that -- I perhaps should say, "It is what it says on the

shell", rather than mixing my metaphors, but the idea is

the end of the inquiry, which includes the continuing consideration of victims and survivors' personal experiences, reporting their abuse, and shared with us through the Truth Project, will all contribute to the final view that the chair and the panel ultimately reach, and I hasten to say it is unlikely that any final conclusion will be reached until we've heard further evidence from the rest of the investigations.

As the chair mentioned a few moments ago, the inquiry's first seminar on mandatory reporting on child sexual abuse was held in September 2018. That seminar explored existing obligations to report child sexual abuse in England and Wales, and whether these are adequate to protect children from such sexual abuse. We heard from several international participants about how mandatory reporting laws operate in a number of countries outside England and Wales, and briefly about the impact that these laws may have had on responding to child sexual abuse. A full transcript of those proceedings has been published on the website, should anyone wish to consider what was said on that occasion in more detail.

But in order to set the context for today, I'm going to remind you briefly of the presentations we heard on the last occasion. First, Joan Forner Rovira of the Page 6

Lanzarote Committee presented the committee's findings on reporting of child sexual abuse in its member countries. It found that where mandatory reporting laws had been introduced, a larger number of cases of child sexual abuse were reported.

Dr Joseph Mooney then told the inquiry about the introduction of mandatory reporting in the Republic of Ireland in 2017, and we heard about the key features of the duty and what had been done to support implementation. Dr Mooney noted that early data indicated that the duty had led to an increase in reports about child sexual abuse.

We then heard from Emmanuelle Wachenheim from the Ministry of Justice in France who told the inquiry that everyone in France is subject to a legal duty to report child sexual abuse, and that failure to report is punishable by imprisonment and a fine. The inquiry heard that, in 2016, there were 88 convictions for failing to report mistreatment, abuse and sexual offences committed against children.

The inquiry also heard from participants outside of Europe, Dr Christine Wekerle focused on mandatory reporting in Ontario in Canada, where both the public and professionals are mandated to report sexual abuse of children under the age of 16.

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1	Dr I may be saying this incorrectly; if so,	1	survivors' forum and, in November last year, its members
2	apologies Dr Wekerle told us the professionals who	2	were invited to respond to a consultation on mandatory
3	failed to report are liable to be fined.	3	reporting by way of a short survey. Of the 130
4	Finally, we heard from Liana Buchanan, the	4	responses received, 88.6 per cent were in favour of the
5	Commissioner for Children and Young People in Victoria,	5	introduction of a mandatory reporting law in England and
6	Australia, who explained that mandatory reporting had	6	Wales. Some suggested that such a law would ensure that
7	been introduced there in response to findings of	7	child sexual abuse was not swept under the carpet.
8	inquiries that organisations had failed to prevent child	8	Others expressed a belief that the cultures of cover-up,
9	abuse by their employees or respond appropriately.	9	inertia and structural confusion would change very
10	Ms Buchanan described three forms of mandatory reporting	10	rapidly. One respondent remarked that a false report
11	in Victoria and told the inquiry that failure to comply	11	can be quickly identified, but a true report can
12	with any of those duties was a criminal offence.	12	literally change a child's life.
13	Now, as you know, and as the chair has referred to,	13	Amongst those who did not support a mandatory
14	we had to cut the September inquiry short due to matters	14	reporting law, concerns were raised. It was pointed out
15	outside the inquiry's control. But the chair and I were	15	that professionals would not be able to use their
16	committed to finding a way to finish our discussions	16	discretion to respond based on a specific child's
17	and, in order to do that, we've been able to add to this	17	circumstances. Some stated that mandatory reporting
18	second seminar so that we now have a day and a half and	18	leads to "fear-based practice" and "prevents any form of
19	we've structured it in such a way that we hope will	19	empowerment to allow victims to disclose at their own
20	ensure that we have ample opportunity to explore the	20	pace".
21	relevant issues.	21	Others felt that attention should instead be focused
22	There have been some further developments in the	22	on areas such as educating professionals and the public
23	form of a survey of the victims' and survivors' forum.	23	to effectively identify and to respond to signs of
24	After the first seminar, the chair and panel sought to	24	sexual abuse. Child sexual abuse.
25	obtain the views of the inquiry's victims' and	25	The reports summarising the responses to this
	1 7		Programme Section Programme
	Page 9		Page 10
1	and the second of the second o	,	
1	survey, again can be accessed on the inquiry's website.	1 2	mandatory reporting in countries in which it has been
2	Now the purpose of this second seminar.	2	introduced.
3	During the course of our discussions today and	3	Secondly, tomorrow, we'll consider different
4	tomorrow, the inquiry intends to hear and explore	4	approaches to the key features of mandatory reporting
5	a range of arguments for and against mandatory reporting in England and Wales.	5	models and the practical considerations involved were such a law to be introduced.
6	•	6	
7	But something that will no doubt be apparent to all	7	In terms of the structure of the second seminar,
8	is that often the arguments are two sides of the same	8	this seminar, it's going to be divided into five
9	coin and it's a difficult argument for that reason. So	9	sessions. As a result of the September day being cut
10	the "for" camp, if I can put it that way, may say that	10	short, we were not able to discuss the issues that each
11	having mandatory reporting encourages more reporting and	11	of the models I've summarised to you raised or to
12	that must be a good thing. The "against" camp may say	12	consider in more detail the impact that mandatory
13	that mandatory reporting is a bad thing because it	13	reporting has in each jurisdiction.
14	encourages more reporting and think of the strain on	14	So we want to look at better understanding mandatory
15	resources, and that's a bad thing.	15	reporting laws in other countries and the impact that
16	Can I emphasise, it's not the purpose of this	16	these laws have had, and the inquiry's invited
1:/		1.7	
17	seminar to try and broker any form of compromise as	17	Professor Ben Mathews from Queensland University of
18	such, to take a little bit here and a little bit there	18	Professor Ben Mathews from Queensland University of Technology to deliver two presentations to us this
18 19	such, to take a little bit here and a little bit there from what we are told, to try and find a compromise that	18 19	Professor Ben Mathews from Queensland University of Technology to deliver two presentations to us this afternoon. His first presentation in session 1 is going
18 19 20	such, to take a little bit here and a little bit there from what we are told, to try and find a compromise that keeps everyone happy; that's not why we're here. What	18 19 20	Professor Ben Mathews from Queensland University of Technology to deliver two presentations to us this afternoon. His first presentation in session 1 is going to focus on mandatory reporting in other jurisdictions.
18 19 20 21	such, to take a little bit here and a little bit there from what we are told, to try and find a compromise that keeps everyone happy; that's not why we're here. What we want is to try and find the right, the best solution,	18 19 20 21	Professor Ben Mathews from Queensland University of Technology to deliver two presentations to us this afternoon. His first presentation in session 1 is going to focus on mandatory reporting in other jurisdictions. His second presentation in session 2 will explore the
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they may have. I will then facilitate a discussion about the issues raised and the information presented, and ask some questions of all of you.

In session 3, tomorrow morning, we will focus on experiences of reporting child sexual abuse in England and Wales. This will include reports made in the workplace and communities and in recreational settings.

In session 4, we will explore the key features of mandatory reporting models in terms of who the duty applies to, what needs to be reported and the consequences of failing to report.

Session 5 will be an opportunity for final comments and reflections and to raise any issues that have not yet been discussed.

As usual, at the end of each session, we will have about 10 minutes or so to go to the public gallery, we have many familiar faces in the public gallery and we are very grateful to those who come time and time again and particularly our core participants who are attending. It makes a huge difference to the inquiry's work. So we'll go to you first for observations and comments, as is usual. Those are, as you know, observations and comments, they're not questions to ask of the participants around the horseshoe. For today's purposes, that will be before the afternoon break and

before we close for the day. As is our practice, we do try to take comments from any core participants first and I'll ask people to indicate whether they wish to contribute by raising their hand, and then I will direct Sue or the usher to take the microphone to each person.

Please do give it back when you're finished.

I'll endeavour to permit as many people as possible to speak, but given time available and the numbers who may wish to say something, it would be helpful if speakers could restrict their contributions to observations and comments only.

Today's seminar provides us with an opportunity to gather very valuable information that will add to the inquiry's wider consideration of mandatory reporting. So we do sincerely hope that the conversation will be a respectful one and nothing will disturb the smooth running of the day.

As you know, the seminar is live streamed and, because we are dealing with a very sensitive issue, we have a short delay on the public feed of the live broadcast. Should there be any disruption or should anything sensitive come up, I will ask the chair to address the matter and we may pause the live feed or temporarily pause the proceedings.

Please remember, all of you around the table and all

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in the public gallery who wish to speak, we can't hear about specific cases or criticisms levelled at any specific individuals or organisations. This isn't the forum for it, and there's a reason for that: those individuals and organisations aren't here to give the other side of the story and so it's simply not fair regardless of what it might be.

The result of it is that if anyone mentions a particular name, a particular case, a particular organisation, we may have to stop the live feed, which will just take time from someone who wants to speak and contribute, so please don't.

Please also remember that because the chair and panel's function in the wider inquiry is a quasi-judicial role, they are here to watch the discussion and to listen to the speakers rather than to take an active part in the seminar. Mandatory reporting is a subject about which there are many different and strongly-held opinions, so be aware that some of the views expressed today may be controversial and may not be easy for everyone to hear. Nonetheless, it's very important that the inquiry hears a wide range of views and that speakers are free to express themselves.

People in the public gallery will not be seen on the video feed, it goes without saying that some of the

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material we discuss is distressing and, if you want to share anything with just those in the room, just let me know and we can pause the feed so you can nonetheless make a contribution, but that it can be kept just with those in the room.

If at any stage anyone becomes distressed, we have a support team available to provide emotional support and a private room is available for quiet discussion, I think the support workers have already identified themselves, but let's just do it again. We have Johnny Hartley and Sally Quail and Sarah Randall, who are at the back waving now so you know where they are.

Please also bear in mind that those of us in this room have a responsibility to anyone who makes a disclosure. Be aware that if you do disclose information that leads us to believe that there is a child protection concern or that someone is at risk of serious harm, we will pass that information, together with your details, to the police or the relevant authority.

So we're very grateful to everyone who has agreed to participate today and I'd like to take the opportunity to ask participants to briefly introduce themselves and whom they represent. Unfortunately, I should say we have apologies from Isabelle Trowler, who is the chief

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1	social worker for children and families, Department for	1	around that.
2	Education. Unfortunately, she's not able to be here	2	MR HEANEY: Good afternoon, I'm Albert Heaney. I work for
3	today due to a personal issue that arose last minute and	3	the Welsh Government as director for social services and
4	is completely out of her control. So we're sorry that	4	integration. Thank you.
5	she's not here.	5	MS COLE: Anna Cole. I am the inclusion specialist for the
6	Perhaps we can start with Dr Blackman?	6	Association of School and College Leaders. So we
7	Introductions	7	represent the senior leaders in schools and colleges
8	DR BLACKMAN: I'm Noelle Blackman. I represent a small	8	across the country, and state and independent schools
9	voluntary sector organisation called Respond. We work	9	are members responsible for the education of 4 million
10	with people with learning disabilities and/or autism who	10	children and young people.
11	have experienced trauma, and their families, and we	11	MR PERRY: Good afternoon. Tom Perry. I'm the founder of
12	provide a range of interventions that are	12	Mandate Now, the pressure group that has led the agenda
13	therapeutically underpinned.	13	for the introduction of mandatory reporting into
14	DS BRITTON: Good afternoon, I'm Michael Britton. I'm	14	regulated activities since 2005.
15	a superintendent working for Norfolk Constabulary,	15	Very nice to see our logo on these speakers by the
		16	
16	representing the National Police Chiefs' Council today.	17	way on these microphones.
17	I've been working for Chief Constable Simon Bailey, who		MS DENNY-BROWNE: Hi, I'm Michelle Denny-Browne. I'm the
18	is the National Police Chiefs' Council lead for child	18	clinical co-ordinator of the charity One in Four. We
19	protection, for the past two and a half years.	19	work with survivors of sexual abuse and trauma from the
20	MS BURTON: Good afternoon, I'm Sharon Burton. I'm head of	20	cradle to the grave. We don't have any age limit of the
21	policy for standards and ethics at the General Medical	21	people we work with and we provide lots of clinical and
22	Council. That's the independent regulator for doctors.	22	therapeutic interventions, including advocacy.
23	I'm here in the role of the responsibility we have to	23	MRS SUTTON: Good afternoon, I'm Mrs Moya Sutton, the senior
24	make sure that doctors are aware of their child	24	safeguarding lead working in the national team for
25	protection responsibilities and education and training	25	NHS England and we work with all health organisations,
	Page 17		Page 18
1	hath commissioners and marridays to answer that we have	1	approximately 160,000 adult volunteers.
	both commissioners and providers, to ensure that we have	2	
2	appropriate adult and, importantly, child protection	3	MR NATHAN: Thank you, good afternoon. My name is
3	policies and procedures and the governance arrangements	4	Simon Nathan. I'm the head of policy at the Independent
4	in place. MS WILLISON: Good offermoon Pro Vety William Pro the	5	Schools Council and we represent 1,300 fee-paying
5	MS WILLISON: Good afternoon, I'm Katy Willison. I'm the		independent schools.
6	director of children's social care at the Department for	6	MS GOLDSOBEL: Hi, I'm Yehudis Goldsobel. I founded
7	Education. As such, I have policy responsibility and	7	a charity supporting Jewish victims of sexual abuse and
8	ownership of whether the government should introduce	8	violence after disclosing my own abuse, and I founded
9	a statutory responsibility to mandatory report.	9	the Sexual Abuse and Sexual Violence Awareness Week
10	MR GALLIMORE: Good afternoon. Stuart Gallimore. I'm the	10	across the UK.
11	immediate past president of the Association of Directors	11	PROF MATHEWS: Good afternoon, I'm Ben Mathews. I'm
12	of Children's Services. We represent directors in each	12	presenting today. I'm a researcher from sorry
13	of the upper-tier Local Authority, Local Authority,	13	from Queensland University of Technology in Brisbane,
14	local government in terms of children's services.	14	Australia. I've been researching mandatory reporting
15	MS LARA: Good afternoon. I'm Almudena Lara, I'm the head	15	laws for about 17 years.
16	of policy at the NSPCC, the National Society for the	16	Session 1
17	Prevention of Cruelty Against Children.	17	MS KARMY-JONES: Thank you. And if I can just add a little
18	MR STEWART: Good afternoon, my name is Paul Stewart. I'm	18	to what, Ben, you've said about yourself, you've
19	a former professional footballer who came forward with	19	conducted multiple empirical studies into mandatory
20	his story in November 2016 and formed SAVE Association	20	reporting at national and state level, and have advised
21	along with four colleagues, and we're introducing	21	governments on law reform regarding mandatory reporting
22	safeguarding into grassroot sports.	22	law and practice and statutes of limitation for child
23	MS WILSON: Hi, good afternoon, I'm Tina Wilson. I'm the	23	abuse as well.
24	head of safeguarding for the Scouts Association. We	24	Some around the table may be familiar with
25	offer scouting to over 460,000 youth members and	25	Professor Mathews' work and it would be fair to say,
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I think, that, Ben, you are openly in favour of 2 mandatory reporting legislation for child sexual abuse. 3 But I want to make clear to everyone, we've not invited 4 him to present for that reason. As I've already said, 5 the inquiry remains neutral on that issue at the moment and will so do until the conclusion of the evidence in 6 7 all the hearings. 8 The reason that Professor Mathews has been invited 9 is because you are, arguably, the leading academic on 10 mandatory reporting. 11 So we're going to turn now to Professor Mathews' 12 first presentation which will I understand provide 13

an overview of the background to mandatory reporting laws for child sexual abuse in Australia and you have about 15 minutes. There will be a brief opportunity to ask questions of clarification of Ben after his presentation before we go into our discussion but turning to you now, Ben. Thank you very much. PROF MATHEWS: Thank you.

So I'll do my absolute best to stick to 15 minutes. MS KARMY-JONES: Everyone should be able to see on the screens you've provided us with some helpful aids.

23 PROF MATHEWS: Thanks.

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Presentation by PROFESSOR MATHEWS PROF MATHEWS: First, I'm going to give some general background to mandatory reporting laws for child sexual abuse, some general introduction, some rationales for introducing these laws for child sexual abuse in particular. I'll distinguish mandatory reporting laws from other types of duties to report child sexual abuse in law and policy and I'll contrast mandatory reporting laws for sexual abuse only with reporting laws for up to five types of child maltreatment, then I'll make some general points about how to treat empirical data about reporting of sexual abuse, which will connect nicely with the second presentation later today about the impact of reporting laws in Australian jurisdictions.

So first of all, some general introduction: what is the nature of mandatory reporting laws?

It's worth starting here because there is quite a lot of confusion about what these laws are. Basically, they are laws made by Parliament requiring designated professionals to report known and suspected child abuse and neglect to child protection agencies where the abuse is of a certain level of severity. Now these laws can apply to different forms of abuse and neglect.

Now, they have a similar general approach, but nations' mandatory reporting laws and different state and territory laws differ in multiple respects and most

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particularly in terms of which occupations are made mandated reporters -- so there can be a broad range or a narrow range -- but also in which types of abuse have to be reported under the specific law. So some laws, for example, require reports of up to five kinds of child maltreatment, often excluding neglect, for example, but most of these laws applies to sexual abuse, in fact, virtually all of them.

Whatever form they take, mandatory reporting laws do several things: they say who is mandated -- so that is, it's normally people who are working with children, like teachers, doctors, nurses and police. Just hold on a moment, if you just go back one slide. Thank you.

They then say which types of abuse or neglect have to be reported. They provide clear, legislative protections for those who make reports. So, for example, they provide immunity and confidentiality. They normally do include a penalty for breaching the duty to report, but not always.

Importantly, they do not require reporters to conduct investigations, they simply require reporters to report known cases or reasonably suspected cases of abuse or neglect; okay? And they're supported by sector-wide education about sexual abuse and about what kinds of cases should and should not be reported.

Page 23

1 So the laws in some require reports by professionals 2 who may develop knowledge or suspicion of child sexual 3 abuse. For example, they might receive a direct 4 disclosure by a child; they might detect the child's 5 symptoms or behaviour, which is strongly consistent with 6 sexual abuse; or they may make other observations, for 7 example, they may detect evidence of grooming of the 8 child by the offender.

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So where did these laws come from? For this, we need to go back to America in the early 1960s. Basically, what happened was pediatricians and doctors in Colorado were seeing cases of very young infants under three years old being subjected to severe battering. You may all have heard of the battered child syndrome. That was the syndrome coined by the pediatrician Henry Kempe in 1962. The first mandatory reporting laws came out of that syndrome. Basically, doctors were seeing these kids, they were contracting subdural haematoma and fractures of the lung bones. They were being severely battered. Doctors knew what was happening but they would not report it. Kids were being sent home and they were being killed. That's where the first reporting laws came from. There was a phenomenon of gaze aversion by these doctors and these reporting laws were meant to overcome that gaze aversion

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and to require doctors to report these cases when they knew they were happening.

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So, in America, laws were created in all 50 states in the mid to late 1960s for physical abuse. That's the genesis of the first laws. What happened then is that the laws gradually developed over time to extend to other forms of abuse, including sexual abuse.

In Australia, for example, which has eight states and territories, we started enacting these laws in 1969 and they've gradually developed in all states and territories from sexual abuse to other forms of abuse and neglect.

So what's the purpose of these laws? There are multiple policy goals, but first and foremost, it's to place children at the centre. It's to protect children by bringing cases of significant abuse to the attention of protective welfare agencies and stopping the abuse continuing; okay? So it's a motive of social justice.

Second, it's to enable child protection and health rehabilitation for the child. That's a public health imperative. There may be intersections with the formal child protection system where necessary, such as for care orders in parental cases.

They can also promote service provision and parental and family assistance in cases of family need and there

can in some cases be connections with the criminal justice system where it's clear and serious criminal behaviour.

Essentially, mandatory reporting laws use these designated professionals as protective sentinels to act in the child's best interests and to bring cases of abuse to light which otherwise would remain hidden; okay? That's a key point.

These professionals become key members of a safer community protecting children's rights to safety.

And overall, even the most broad reporting laws that are aimed, for example, even at neglect, they are not aimed at trivial incidents or at poverty or, for want of a better term, at less-than-ideal parenting. They are aimed at severe cases of maltreatment.

So in terms of the rationales for introducing these reporting laws for sexual abuse generally, well, sexual abuse is serious criminal conduct. It constitutes a spectrum of offences from indecent exposure to rape, to grave violation of bodily, sexual and psychological integrity often accompanied by psychological trauma. It's a breach of fundamental human rights of particularly vulnerable individuals. Children often experience sexual abuse repeatedly, usually at the hands of someone whom they know.

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It's important to have a robust definition of sexual abuse and the best definition I think is this: contact and non-contact sexual acts by any adult or child in a position of power over the victim, when the child either does not have full capacity to provide consent, or has capacity but does not provide consent. So the act of sexual abuse can include oral, vaginal and anal penetration by any body part or object, fondling of breasts or genitals, other sexual touching, masturbation and arousal, voyeurism, exhibitionism and involvement in or exposure to pornography.

Sexual abuse is not constituted by normal developmental play or genuinely consensual behaviour between peers.

Other rationales. We know sexual abuse is widespread. In the UK, for example, one in eight children experience contact child sexual abuse by any adult or peer. One in eight.

One in four experience contact or non-contact sexual abuse by any adult or peer, and about 1 per cent of girls and 1.5 per cent of boys experience sexual abuse by a parent or caregiver. It's widespread.

Also, we know that it causes serious health, behavioural and economic consequences through the lifespan. It affects school performance, it affects

mental health, with depression, anxiety, PTSD and self-harm particularly prominent. It causes adverse coping strategies, like alcohol and drug abuse. It causes adverse physical health outcomes from those coping strategies and it has effects on adult relationships and intergenerational maltreatment.

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Further rationales: we have a major problem inherent to this field of non-disclosure by the child for completely understandable reasons. So most kids do not disclose what's happened to them for quite some time after the events. There's multiple factors which prevent children from telling anyone what's happened. If they're very young, they may not understand the nature of what's happened. Even if they're older, they may be deeply ashamed about what's happened to them; they may feel guilty about what's happened to them; they may have fear of the offender if they tell someone; they may have been threatened. And there's the overarching power dynamics in these relationships which preclude disclosure. As a result, most cases do remain undisclosed for a long time and sometimes for life.

A second big problem which we saw with the battered child syndrome is where professionals fail to report even when they know cases have happened; okay? That phenomenon of gaze aversion. Professionals are often

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uncomfortable about this or they fear what will happen. Sometimes they lack education about the nature of abuse and sometimes, and especially in institutional cases, we see instances of corruption and wilful concealment. So mandatory reporting laws encourage support and require a professional, who knows or suspects the child has been abused, to bring that child's situation to the attention of helping agencies.

They are often the only person in the child's life who can help them, and these mandated professions collectively are able to identify substantial numbers of cases that would otherwise remain hidden and undisclosed.

A quick example from Victoria, Australia. What happened here was that mandatory reporting was introduced in 1993. Parliament, when it introduced reporting, was influenced by premandated reporting patterns to be completely insufficient. They found a consistent and striking pattern of doctors reporting five to nine times fewer cases than doctors in four other states with mandated reporting. In 1993, Victoria received five times fewer reports of sexual abuse than New South Wales did. They found the unique qualitative features of sexual abuse meant it needed to be subject to mandatory reporting.

We can distinguish mandatory reporting from other duties to report sexual abuse in law and policy, so there are other kinds of duties to report, but they are different and not quite as efficient as mandatory reporting duties in the sense we're talking about today.

So, for example, some jurisdictions impose a criminal law duty on all citizens to report knowledge of sexual offences. Some jurisdictions report -- sorry, impose duties on managers in child-serving organisations to report known cases that happen within that organisation, and then there are civil law duties in negligence and policy-based duties that can apply to members of a certain occupation. However, none of those are quite the same and quite as comprehensive and quite as efficient as a mandatory reporting duty in the sense we're talking about today. That kind of duty uses skilled professionals trained in child development who deal with children daily. It's assisted by systemic education applied universally across sectors and creates a sector-wide culture of child safety; it's accompanied by clear, legislative protections for reporters; it compels action; imposes a clear obligation; it's underpinned by Parliament's commitments to children's

Let's quickly contrast mandatory reporting laws for

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sexual abuse only with reporting laws for all five types of abuse and neglect. So the key point to make here is that there's no one type of mandatory reporting law, every jurisdiction creates its own law to suit its own purposes. Often they start in a narrow sense and then broaden them over time after its effects are understood. So, in Australia, there's a broad spectrum of laws. They vary from applying to one or more forms of maltreatment and to one or more forms of occupational mandated reporter.

This table shows that all eight states and territories, though, despite that variance, apply the mandatory reporting duty to sexual abuse. Seven of the eight apply it to physical abuse. Three apply the duty only to physical and sexual abuse. A few of them apply it to five forms of maltreatment, including even exposure to domestic violence. That is a much broader reporting duty. The key point to make there is that there's broad variance, but that, where the law is much broader, that's where you tend to have some of the isolated instances of undesired reporting practice and the blowouts in reporting. But even there it's been shown to be remediable. I'll come bark to that later.

So the last slide before I wrap this part up.

Four important points to note when evaluating data,

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all those figures about reporting practice and considering mandatory reporting for child sexual abuse as social policy.

First of all, sexual abuse of children is qualitatively different from other forms of maltreatment such as neglect and it may well require different policy responses. Okay? It's so serious we must not ignore scientific evidence about successful policy responses, it's always criminal and usually the child will need some kind of support.

That's not the case, for example, with psychological abuse, not the case with most cases of neglect.

The second major point is that the empirical evidence about mandatory reporting of sexual abuse is very reassuring, both in terms of child protection and a tolerable systemic burden; okay? It is understandable for everyone in this room and all of your organisations to worry about what might happen if you enact these laws. Completely understandable. You should be asking that question. They are sincere concerns held by everyone here, yet we must distinguish between data on reporting of different types of abuse. As I'll show later today, there are far fewer reports of sexual abuse made, even where it's mandated. There is not an intolerable flood of reports of sexual abuse, nor is

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there a continual increase. Multiple government inquiries have found it is supported as ongoing optimal public policy.

Third, unsubstantiated reports are not a sound measure of the successive reporting practice and there's a number of reasons for this. First of all, a large proportion of so-called unsubstantiated reports are actually multiple reports made about the same child that are just counted as one. They impose little burden on the system. Second, many reports that are investigated but not technically substantiated actually do involve maltreatment or harm or service need for the child or the child's family. They're unsubstantiated for technical evidentiary reasons. Third, in terms of raw numbers, numerically, more unsubstantiated reports actually result in provision of services than substantiated reports.

We can also note that in terms of cost to the system, there's a relatively low cost financially in taking in reports and assessing reports compared with other components of the child maltreatment, child protection system. So for example, in Australia, about 7.5 per cent of the child protection budget is spent on intake and assessment of reports, over 60 per cent is spent on out-of-home care. Okay?

However, even with all those rationales, all those reasons, and all those important notes, even in

apparently well-working systems, improvements can always
 be made, so we need to make sure that all the

be made, so we need to make sure that all the legislation is very clearly drafted, we need to make

sure that professional education is excellent,
 multi-disciplinary and repeated to avoid clearly

8 unnecessary reports and we need to make sure that 9 measures are taken so that the agencies work well 10 together to collaborate to respond well to reports.

together to collaborate to respond well to reports.

Thank you.

MS KARMY-JONES: Thank you very much. I think Ben's presentation was actually very clear and we're running a little bit over time, so I'd like to go straight into the discussions, if I may.

One of the things we want to look at is something Ben talked about, which was the differences that there are in mandatory reporting laws between Australia and states and territories. Some have mandatory reporting laws for a broader range of types of abuse and neglect, others, such as Western Australia, have introduced mandatory reporting for child sexual abuse only.

I'm going to ask my first question of Katy Willison of the Department of Education, with this preamble: at the first session, Graham Archer gave us an overview of

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the responses to the government's 2016 consultation on reporting abuse and neglect. We noted that the consultation considered a duty to report for all types of abuse and neglect and did not ask respondents to consider a narrow form of duty to report; for example, one relating only to child sexual abuse.

Can you tell us anything about the reasons for consulting on a broad form of a duty to report as opposed to the narrower duty? Can you help us with that?

S. WILLISON: Lean certainly do my best. I should str.

MS WILLISON: I can certainly do my best, I should stress that I wasn't in post when the consultation was originally written. I was when the government response was made. So I am telling you from what I understand of that time rather than from my own personal experience of it

As I understand it, when government considered different types of abuse, the concern was that while I can understand the differentiation between, for example, something like child sexual abuse and neglect, that putting a sort of hierarchy on forms of abuse when some forms of physical abuse, for example, are devastating and have very significant long-term impact for children, it was placing the hierarchy around different forms of abuse that government felt was not

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something that it was, you know, comfortable proposing.

I think what Ben has told us gives us food for thought in that area, but it's the difference between child sexual abuse and physical abuse rather than child

sexual abuse and neglect that I think would be interesting to explore in that context.

MS KARMY-JONES: Thank you.

I'm going to now turn to Yehudis, Tom and Sharon, actually, and ask you to consider a series of questions and then I'll come round to each of you for a comment.

Do you think that a case can be made for introducing mandatory reporting for child sexual abuse only as opposed to wider forms of abuse and neglect? Maybe I can go to you, Sharon, on that first?

MS BURTON: I don't think that I'm in a position to answer that at this point, I think, in the exploration of the issues. I think that Ben has raised some important points about what the evidence is able to tell us. I think it is very striking, though, the evidence that he put forward about the -- the extent to which child sex abuse has actually been raised by professionals as opposed to perhaps other forms of abuse where he suggested either an unwillingness or a fear on the part of professionals to raise those issues and I think that's something that we'd want to understand more

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1	about.	1	a lot of the schools will use those agencies, but, when
2	MS KARMY-JONES: Okay. What about you, Yehudis?	2	it comes to child sexual abuse, they will doubt it and
3	MS GOLDSOBEL: I think separating the two both from working	3	ignore it and sort of pretend it's not really happened
4	in education previously and from the cases we've worked	4	at all.
5	with, people working with children are a lot more	5	So I think the fact that we have a lot of agencies
6	hesitant when it involves sexual abuse than if it	6	working and have taught in safeguarding a lot about
7	involves neglect. It makes people feel uncomfortable,	7	neglect, sort of is already in existence. I think
8	even if you're an adult, discussing sex or, you know,	8	trying to take on such a broad range will just sort of
9	any form of sex abuse with children, so I think	9	trip everyone up along the way, so the differentiation
10	separating it actually might make it a bit more	10	will just make it easier.
11	straightforward to educate people that are working with	11	MS KARMY-JONES: Okay, thank you.
12	children and young people, if we're focusing just on	12	Almudena, I think you had a comment you wanted to
13	this and then not sort of blurring it with other areas	13	make?
14	of child maltreatment, really.	14	MS LARA: Yes, I just want to it's been really incredibly
15	MS KARMY-JONES: Do you think there would be any	15	helpful to hear the presentation and in particular why
16	implications of taking a different approach with respect	16	sexual abuse might be different.
17	to reporting child sexual abuse than for other types?	17	From my perspective, I think if we go to the
18	Are there any drawbacks in treating child sexual abuse	18	presentation where Dr Mathews was talking about the
19	differently?	19	impact of the sexual abuse, of course the inquiry has
20	MS GOLDSOBEL: I think with anything being new and	20	heard about the impact that sexual abuse has on children
21	enforceable, definitely have some hiccups along the way.	21	and throughout the life, but other types of abuse also
22	I think it does need to be addressed separately.	22	have very detrimental impact on children and through
23	It's there's a lot of organisations and	23	adulthood, so from my perspective, I wouldn't want that
24	infrastructure in place for handling neglect, for	24	perspective to be lost, although, of course, I respect
25	example, and I know in our community that I work in	25	the scope of the inquiry is child sexual abuse.
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1	But also, I think one of the things that we need to	1	can address that concern? Are there concerns that
2	take into account is that a lot of the abuse occurs	2	victims might be less likely to disclose if they're
3	jointly it's called "concurrent" and sometimes	3	aware that a person they tell would then report it on?
4	sexual abuse is the hardest abuse to be spotted, there	4	So is there a danger in that? I'd like to go to
5	are many instances where it has been obvious to all the	5	Noelle Blackman first, please.
6	adults around the child that the abuse was happening and	6	DR BLACKMAN: I was still thinking a lot about the
7	that is clearly unacceptable, but a lot of the times	7	non-disclosure but seeing a change through behaviour, so
8	abuse occurs between the victim and the perpetrator and	8	I'm thinking that's often the first thing that we see.
10	it is very difficult to gather the evidence.	10	I think that when a child's ready to disclose to
10	But a lot of the evidence comes from why their behaviours or why their concurrency of other abuse, and	10	somebody who they feel safe with, they feel safe that that person will do the right thing, and if a lot of us
11		11 12	
12	the risk of focusing exclusively on child sexual abuse	13	thinking very carefully about what the right thing to do is, that will be part of that process.
13 14	is that we might miss important information about what is going on in the lives of young people.	14	So I think that's one way to think of it, I don't
15	MS KARMY-JONES: Yes, okay.	15	think that what will happen with that information will
16	I'm going to move on to the next question which	16	change enormously the disclosing of a child, a child
17	relates to the non-disclosure abuse by children.	17	usually chooses carefully the right person to disclose
18	I mean, abuse normally occurs in private without	18	to and I think they trust that everything else around
19	witnesses, as you've said, victims are often reluctant	19	that will be okay.
20	to disclose for many different reasons guilt, fear,	20	MS KARMY-JONES: Michelle Denny-Browne?
21	shame, the power dynamic in the relationship that may	21	MS DENNY-BROWNE: Yes, I totally agree, I think that if
22	evolve between the abused and the abuser.	22	you if you're a child and you're frightened and you
23	Can I ask this? Professor Mathews has explained	23	feel safe, you will disclose. The same with an adult:
24	that one of the reasons for mandatory reporting is	24	if you feel safe, you'll disclose, and you hope that
25	non-disclosure. Do we think that mandatory reporting	25	when you do that, that the person is going to do the
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1	right thing for you. That doesn't stop the disclosure.	1	in any capacity. We need to have, you know, a good
2	What stops it is sometimes when you don't trust those	2	amount of training around safeguarding, we need to know
3	around you and you're scared of everyone else around	3	how to relate to children, we need to know the right
4	you. And that can bind you and stop you from speaking.	4	procedures in which to report as well and make sure that
5	I think we need to encourage young people to grow	5	everybody's clear with that. So training is paramount.
6	a sense of emotional resilience really, yeah, and	6	MS KARMY-JONES: Thank you.
7	encourage them to have a greater understanding of their	7	Tom, do you have any observations on that? And on
8	own emotions so that they feel freer to be able to	8	the that whole question?
9	discuss them and talk about them.	9	MR PERRY: No, thank you.
10	MS KARMY-JONES: So what are the reasons for that concern,	10	MS KARMY-JONES: I'll move on. Ben yes, Yehudis?
11	which is often raised, that children are deprived of	11	MS GOLDSOBEL: I know we're not really overly sharing, but
12	their own empowerment, their ability to move through and	12	it's really different when we're talking about children
13	disclose at their own pace? What are the reasons for	13	and young people that are under the age of 16. We are
14	those concerns and how can they be addressed?	14	not, as young people, equipped to deal with something
15	MS DENNY-BROWNE: I think that sometimes we, as adults, put	15	like sexual abuse, so I think it's when they do come out
16	our own stance on things with children and we're very	16	with whatever they say, it's ensuring that the person
17	quick to kind of use language and put our own language	17	they are telling, obviously they will trust that person
18	in place of theirs.	18	to handle it. It's when you've crossed that into you're
19	If a child says "I feel funny", then we should be	19	17, 18, 19, and you're an adult now and you've been
20	going with the "funny" and not say to that child, "Did	20	holding that secret for so long and that control is now
21	something happen to you? What happened?" Just go with	21	with you. So when you want to disclose will be down to
22	the "funny", and the child will trust you and you'll get	22	you.
23	more from that.	23	I think it's you know, I know it came up in the
24	I think it just comes back to support, training, for	24	survivors' forum review that they fed back and, when
25	professionals and for people working with young people	25	I read it, I totally understood what they were saying,
	Page 41		Page 42
1	but it's you know, as a 13-year-old, when I tried to	1	environment is. I do not think a legislation in any
	but it's you know, as a 13-year-old, when I tried to	1 1	
2	disclose it was "Help! Because I have no idea how to	1	
2	disclose, it was, "Help! Because I have no idea how to	2	way, shape or form will encourage a young child who has
3	deal with it", but once I'd been holding it for that	2 3	way, shape or form will encourage a young child who has been sexually abused to come forward.
3 4	deal with it", but once I'd been holding it for that many years, I'm now 21, it's my thing to disclose and	2 3 4	way, shape or form will encourage a young child who has been sexually abused to come forward. MS KARMY-JONES: But hand in hand with that, do you think in
3 4 5	deal with it", but once I'd been holding it for that many years, I'm now 21, it's my thing to disclose and I can have control over when I choose to say it or not.	2 3 4 5	way, shape or form will encourage a young child who has been sexually abused to come forward. MS KARMY-JONES: But hand in hand with that, do you think in the same way that it would not discourage a child to
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Page 47 Page 48	25	that secret, I will need to refer that on and pass that	23	MB 12 Havi 1 VOIVED. Taght. Okty.
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1	So one of the things that Ben Mathews noted in his	1	a significant increase, both in terms of making
2	presentation was a reason for mandatory reporting's	2	referrals, in terms of child maltreatment, in terms of
3	introduction was due to professionals failing to report	3	the numbers of section 47s, so those investigations into
4	even where things were known or suspected in cases of	4	child abuse and child maltreatment up 159 per cent. You
5	child sexual abuse, despite the non-statutory duties	5	know, in the last ten years we've moved from 76,000
6	that were already in place.	6	investigations into a year up to 250,000 investigations
7	I'd like to ask what people suggest that the current	7	in the last year, so that seems to suggest to me that we
8	non-statutory duties in place for professionals	8	are receiving more referrals, we are responding far more
9	whether those are sufficient to encourage reporting in	9	than we were a decade ago, which, again, raises in my
10	England and Wales. Is what we've got in place	10	mind this question around, have we actually got
11	sufficient or is there a need for a statutory duty?	11	systematic, large-scale, underreporting? From where
12	Stuart, do you have something to say about that?	12	I sit, the numerical evidence doesn't seem to bear that
13	MR GALLIMORE: I do. I mean, I won't repeat the evidence	13	out.
14	I gave at the original seminar that's well captured	14	MS KARMY-JONES: Tom Perry, what do you say about that?
15	in the documentation we have in terms of the	15	MR PERRY: I was listening to the earlier bit from the NSPCC
16	different legislative and pieces of legislation, but	16	about professionals, and I don't know honestly, I'm
17	also statutory guidance that directs professionals in	17	sitting here and I don't know who we're talking about
18	terms of what they should be doing. I mean, I think the	18	I have no clue. Someone please tell me, is it
19	thing for me is that, again, when you look at the	19	a teacher? Is it a social worker? Is it a sports
20	evidence that's in the documentation and the	20	coach? Who is the professional? Is the professional
21	presentation we heard today, often that's been on the	21	waiting for a child to disclose please note, here we
22	back of a flatlining of referrals or a low level of	22	are again, we're back in this thing, "Ah, we don't do
23	referrals as compared to, in this instance, the states	23	anything until we hear the child disclosing". Well,
24	in Australia.	24	children don't disclose, as we heard from
25	What we've seen over the last ten years has been	25	Professor Mathews just now. I mean, I could quote one
	Page 49	-	Page 50
1	school I won't name it in the Serious Case Review,	1	concerned at this extraordinary sort of policy
2	15 years' abuse occurred. The adults knew, 30 reports	2	wonk-speak that I don't understand, and I am going to
3	had been made to the headmaster, and 11 were followed up	3	put up a sign every time I don't understand it, it's
4	in writing. He reported none.	4	going to become embarrassing. I'm perfectly prepared to
5	It took a child to disclose to her mother before the	5	say I don't understand it, I suspect other people in
6	15 years of abuse was discovered, and there were many	6	this room don't understand it, but nobody says anything.
7	children involved.	7	It's extraordinary.
8	So what we have is we need to support the adults,	8	MS KARMY-JONES: I am going to ask Almudena to respond to
9	Professor Mathews said this very clearly in his	9	that.
10	statement or in his presentation. There seems to be	10	MS LARA: Yes, hi. I don't think we disagree on the example
11	-		
1.1	an addiction to talk about the bottom layer of a club	11	given about school, big-scale abuse happening and
	an addiction to talk about the bottom layer of a club sandwich and ignore the bit that is on top, that	11 12	given about school, big-scale abuse happening and nothing being done, I think that is absolutely
12	sandwich and ignore the bit that is on top, that	1	nothing being done, I think that is absolutely
12 13	sandwich and ignore the bit that is on top, that actually we need to address, and that's adults failing	12	
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1 that some -- we've received some calls from young people 2 that have lost the control over their own disclosure and 3 have, as a result, denied the abuse that is happening to 4 them as a way to get out of the situation that the 5 adults around them have created for them. That have 6 lost the perspective over what's the best thing for that 7 child at that moment, but have gone into panic mode of, 8 "How do we safeguard that child in that particular 9 instance?", and we know of children that, having 10 reported living with an abusive parent, have been sent 11 home back to that abusive parent, because they have been 12 in a position where adults around them have been 13 querying and questioning their initial disclosure and 14 they have been put in a position where they actually 15 deny the abuse happening to them. 16 And the adults around the child have all been felt 17 very satisfied that everything has been done, reporting 18 took place, action followed, questions were asked of the 19 child and the adults, and the child actually has not 20 been supported through that process. 21 So I don't think we are disagreeing in that we need 22 to absolutely be taking action and supporting children 23 who are being abused. I think my particular input here 24 is about how that process is managed in a way that puts 25 the centre -- puts the child at the centre and actually

ensures that the outcome to that child is the best that can possibly be.

MS KARMY-JONES: Thank you.

I just want a final -- can I have a final comment from Sharon, please, and then we will go to the public gallery and I will come back to people in the later session. Sharon?

MS BURTON: Thank you. I really just -- so I'm talking about doctors in particular, and what I wanted to say on the question about the current arrangements is that we've certainly been very clear that reporting must happen. There is an issue about the timing of reporting which I think goes to the points that have been made around older children who are exploring and wanting to have a degree of control over how and when that disclosure might happen and we've certainly also been clear about reporting of, if you like, minor concerns, so not a requirement in a sense to know and be 100 per cent satisfied that, as a doctor, a clinician, you've been able to assess that there is sexual abuse. So I'm struck by what Ben Mathews has said about the issues of sexual abuse and the potential for professionals to feel fearful or uncertain or other sort

23 24 of factors that might get in the way of their confidence

around reporting.

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I think that might be about exploring more the question about the training and whether there is sufficient sort of preparedness and understanding to be able to have what must be very difficult conversations about sexual abuse with very young children, where it seems what we're talking about is that professionals initiating those conversations or being willing to respond to, if you like, signal that that might be an issue, so I think there is at least a live question about the extent to which the training is in the right

But I think what I've been hearing from frontline doctors in this area, nurses in this area, is also about the access to the experts and, again, I'm struck by what Ben said about systems where actually there are -- there is a real resource available to professionals to be able to kind of test understanding and to sort of help them on the journey of exploring the children and deciding when to make a report.

20 MS KARMY-JONES: Thank you.

> I'm now going to go to the public gallery trying to keep to time and lots of hands up. I'm going to go to core participants first, so if you're a core participant I will try -- can I go to the gentleman at the back first? Remember, it's a comment. It's a comment. Are

> > Page 55

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1 you a core participant, sir? Comments, please, not 2 direct questions. We haven't got a lot of time so 3 please keep it short, thank you. 4 Observations from THE PUBLIC GALLERY 5

CORE PARTICIPANT: Core participant F55. When you actually go to a professional so-called and the professional is removed, the child, whoever they may be, should be removed or that person that you -- the so-called professional you indulge your information to, should be able to go to a body that can have that child removed from the place he has been so he is not put into harm's way afterwards.

And that is very, very important.

14 MS KARMY-JONES: Thank you very much for that observation.

I'm then going to go to the gentleman in the middle, in

16 the blue shirt, who I know is a core participant. 17

CORE PARTICIPANT: Hello, yes, my name is Jonathan West and

18 I'm a core participant in the Roman Catholic

investigation. I've got a couple of brief comments on

20 a number of the points.

First, concerning this question of disclosure,

22 I think the point is that there's a wide variety of

23 evidence, it's often vague and equivocal, but other than

24 child's disclosure. Now, if we're going to be worrying

about whether or not we should report when there's

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14 (Pages 53 to 56)

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1	a sort of indefinite disclosure, it appears to me that	1	a teacher who had entirely justified concerns about
2	we're almost making it impossible to justify reporting	2	abuse and was told, "If what's good for you, you'll keep
3	other evidence because the child hasn't given permission	3	quiet and do your job".
4	for it to be reported. So the child is not in the best	4	MS KARMY-JONES: Yes.
5	position to know what's best for the child. And I think	5	CORE PARTICIPANT: On the matter of whether the duty should
6	it's really very hard to imagine any circumstance in	6	apply only to sexual abuse or other types of abuse,
7	which reporting to the authorities so that the so	7	there is information from the Office for National
8	that the abuse, the potential abuse, can be competently	8	Statistics, which I can dig out and provide to the
9	investigated, and halted, it's halting the abuse which	9	inquiry, which indicates that in a large proportion of
10	is ultimately in the strong interests of the child.	10	cases of reported abuse of one kind or another, the
11	So it and since we already know that very few	11	actual diagnosis made by the Children's Services after
12	children do disclose and sometimes not until decades	12	investigation was somewhat different from the subject of
13	after the abuse, I think it's vitally important to note	13	the original report, and cases of sexual abuse were
14	that a mandatory reporting law needs to consider	14	picked up as a result of reports of other things.
15	evidence other than the child's disclosure.	15	And so I would like to sort of reinforce what
16	MS KARMY-JONES: Thank you.	16	Professor Mathews said concerning the fact that
17	CORE PARTICIPANT: On the question of safeguarding training	17	an unsubstantiated report can still result in justified
18	I know the inquiry has already heard in various of the	18	intervention, a justified need for intervention.
19	public hearings that various organisations have sort of	19	My last point is concerning the effect of abuse on
20	skirted around the the need to report, the training	20	children. It's devastating, it's life-long and there's
21	has been inadequate, perhaps deliberately so, that it's	21	a significant economic cost to the country as a whole
22	been carried out in such a way as to protect the	22	from the inability of abuse victims to participate fully
23	reputation of the organisation ahead of the interests of	23	in the life of the country.
24	the child.	24	And that opportunity cost that loss of ability to
25	In one recent hearing, evidence was given concerning	25	contribute, quite apart from being a bad thing for the
			70
	Page 57		Page 58
1	victims themselves, harms the country and should be	1	reporting is probably the solution. So that's what
2	and should be offset against any perceived costs or	2	I think is happening at the moment.
3	involved in a better a reporting regime that is more	3	MS KARMY-JONES: Thank you, thank you very much. We've
4	effective and catches more cases earlier.	4	reached the point where we are going to take a break
5	Thank you very much.	5	until about 3.10 pm. I do promise that those of you who
6	MS KARMY-JONES: Thank you very much, Mr West. Can I	6	are here for the next comments session and into
7	I caught the lady in the front row's eye first. Can	7	tomorrow, I will do my best to get around so that
8	I go to you for, literally, just a very short comment,	8	everyone has an opportunity to have their say.
9	please? I know that there are others who want to speak,	9	Chair, this might be an appropriate moment. Thank
10	but you will get an opportunity at the next round and	10	you all.
11	I promise I will remember who it was. Go ahead.	11	(2.55 pm)
12	CORE PARTICIPANT: My response is to Stuart saying that he	12	(A short break)
13	wouldn't repeat the evidence submitted in the first	13	(3.10 pm)
14	seminar, but I found myself having to repeat what I said	14	MS KARMY-JONES: I think we are all reconvened around we can
15	at the first seminar which is, if the current	15	begin the next session.
16	arrangements are good enough, then why are we all here?	16	I just wanted to have one last point on the last
17	We are here because we know where have been wholescale	17	session. If I can go to Noelle, you had a point at the
18	failures of institutions to report abuse when they know	18	end of the last session and I just wondered if you would
19	about it. So definitely there's a problem, and that's	19	like to share that with us now? If not, I can move on
20	one part of it. The other part is, what is the	20	I'm sure it will come back to you. So
21	solution, which is why I'm glad to hear from	21	DR BLACKMAN: Sorry, I think it was about it was in
22	Professor Mathews, who is going to talk about mandatory	22	response to the conversation that you began with
23	reporting as a possible solution, and I think we should	23	Almudena about how quickly maybe somebody should
24	take that seriously because it's backed by evidence,	24	mandatory report. My feeling is that what's really
25	yes. So, yeah, there's definitely a problem, mandatory	25	needed is clarity and that, actually, perhaps in order
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1	to have clarity, we need to know what happens straight	1	So in this second presentation I'll be talking about
2	after the reporting, and if the reporting means that	2	five different empirical studies into the impact of
3	there's a team of skilled, trained, experienced child	3	mandatory reporting of child sexual abuse that we've
4	protection, therapeutic people who really understand the	4	conducted in different Australian states and, in some
5	issues, you know, at all levels, then perhaps the	5	cases, across the entire nation.
6	reporting should happen immediately and then it's with	6	Underpinning all of the studies has been the
7	experts. That was really my point.	7	question that we've asked as scientists: what happens
8	MS KARMY-JONES: Thank you very much.	8	when you introduce mandatory reporting in terms of
9	Session 2	9	reports and outcomes? So we've conducted these studies
10	MS KARMY-JONES: So we're moving on to the next session,	10	and we've found what we found, so none of this has been
11	session 2, which deals with the impact of mandatory	11	biased, it's been published in the top journals
12	reporting. Professor Mathews' second presentation will	12	worldwide and it's extensively documented in terms of
13	focus, I understand, on that question of impact. Before	13	methodology.
14	we begin, he's asked me to let you know there are	14	So we'll look at the first study. Thank you.
15	a couple of issues with a few minor formatting problems	15	In this study, we asked the core question: what
16	on some of the slides. It won't cause us any problems,	16	happens before and after introducing a mandatory
17	but the correct versions will be published on the	17	reporting law for child sexual abuse?
18	website and can be accessed after the seminar. So when	18	The nature of this study was to analyse trends in
19	you're ready.	19	numbers of reports of sexual abuse and the outcomes of
20	Presentation by PROFESSOR MATHEWS	20	those reports; that is, were they investigated? If they
21	PROF MATHEWS: Thank you, and my apologies for those	21	were investigated, were they substantiated or not,
22	formatting glitches. PowerPoint is not necessarily my	22	before and after introduction of the reporting law in
23	best friend. There were simply some digits on the bar	23	Western Australia, which happened on 1 January 2009? So
24	graphs that didn't show up, for some reason, but I'll	24	it's quite recent in terms of Australian history and, in
25	talk you through them anyway.	25	fact, world history in introducing mandatory reporting,
	Page 61		Page 62
1	it gave us a nice, neat cut-off to be able to conduct	1	after the law commenced. And just one more explanatory
2	this analysis.	2	comment. When these laws are introduced, they should
3	Now, I'll just point out that we used a couple of	3	be, and nearly always are, preceded by a systematic
4	measures to explore the impact of reporting practice: we	4	campaign of education for the mandated reporter group so
5	used numbers of reports; we used numbers of investigated	5	that they know the nature of their reporting duty, what
6	reports; and we used numbers of substantiated reports by	6	they should and should not report, so you may even
7	these four professions combined.	7	expect to see some more reports being made even before
8	Now, the numbers of substantiated reports, that's	8	the law actually commences.
9	a really strong measure of the impact of introducing	9	But we can just hold that to one side.
10	reporting laws, but it's also a conservative measure,	10	So three major findings came from this study. In
11	because many people in the field believe that the best,	11	terms of annual means of numbers of reports, they
12	most appropriate measure is actually the number of	12	increased from 662 per annum before the law commenced to
13	investigated reports because they include both reports	13	2,448 after the law commenced. So the raw number of
14	that are substantiated and reports where there's likely	14	reports increased by a factor of 3.7. That's
15	to be some form of need that the child has, they've been	15	a substantial increase. Okay? The child protection
16	deemed sufficiently pertinent by the child protection	16	system in Western Australia had to be prepared for that.
17	agency to merit a formal report. Okay? So that may	17	At first, it may not have been fully prepared, but
18	involve harm, even if not substantiated, it may involve	18	it then added further resources to handle that.
19	some level of abuse, even if not technically	19	Second major finding: the number of investigated
20	substantiated.	20	reports increased from an annual mean before the
	What we've found here, first of all, with the	21	reporting law of 451 to an annual mean after the
21			
21 22		22	reporting law commenced of 1,363, virtually a trebling.
	reporting law in this state only applying to sexual	22 23	reporting law commenced of 1,363, virtually a trebling, three times.
22	reporting law in this state only applying to sexual abuse and only applying to doctors, teachers, nurses and	1	three times.
22 23	reporting law in this state only applying to sexual	23	
22 23 24	reporting law in this state only applying to sexual abuse and only applying to doctors, teachers, nurses and police, we compared reports by those four groups for three years before the law commenced with four years	23 24	three times. And the third major finding was that the number of substantiated reports doubled from, pre law, 160 to,
22 23 24	reporting law in this state only applying to sexual abuse and only applying to doctors, teachers, nurses and police, we compared reports by those four groups for	23 24	three times. And the third major finding was that the number of

1 post law, 327. 1 So that was the first study. 2 That's a doubling in the number of children 2 What happens before and after introducing 3 identified as victims of sexual abuse every year in that 3 a reporting law? That was the Western Australian study 4 4 over 7 years. 5 It's hard to conceive of that as anything other than 5 In the second study, we asked: what are the 6 a substantial gain in child protection. 6 long-term trends in numbers and outcomes of reports of 7 7 We might note that the rate of children in reports sexual abuse where you introduce mandatory reporting? 8 at the peak of reporting after introduction of the law, 8 So here we wanted to know what happens over the 9 was one in 210 children, which, from a point of view of 9 longer period of time after you introduce these laws, do 10 systems burden, we concluded was not intolerable. In an 10 reports keep on going up after an initial spike and, if 11 average-sized Australian school, you might have 400 kids 11 so, what are the outcomes of those? Here we looked at 12 at that school. That equates to a rate of reports of 12 a goldmine of data from the State of Victoria, a 20-year 13 two children at that school over the course of a whole 13 data set from 1993 to 2012. year. Okay? Not intolerable. 14 14 There were several significant findings from this 15 Effect on systemic capacity was a largest change in 15 study. First of all -- and this is really important 16 the first year after the law, then in the second year 16 from a systems burden point of view -- overall, 17 and then reports actually kind of plateaued, so they 17 reporting trends of sexual abuse over the 20-year period 18 didn't just keep shooting up, and further studies I'll 18 were generally stable, they stayed at a pretty stable 19 talk about shortly will further detail that. So the 19 level. There were four trends over 20 years, though. 20 next couple of slides are just depicting these figures 20 First, there was an initial increase for two years after 21 in bar charts and, for reasons of time today, I'll just 21 introduction of the reporting law. There was then 22 leave those charts with you to look at at your leisure. 22 a plateau, stability, over the next 12 years. There was 23 So that's -- excuse me ... 23 then, actually, a curious decline over two years, but we 24 I just lost my place. 24 attributed that to a change in agency practice in how 25 25 they coded reports. That was a bit of a glitch. Thank you. Page 65 Page 66 1 1 But then, interestingly, there was quite a marked other reports that were not substantiated but where 2 increase in the last four years in the 20-year period, 2 there was still an official finding of harm, and other 3 3 but that wasn't to do with any change in the nature of reports that were not substantiated but which were 4 4 the law, it wasn't amended to make more reporter groups referred to services for the child, the child was seen 5 mandated reporters, it was because there was some 5 to be in clinical need of services. 6 high-profile cases and inquiries into child sexual 6 Over that period, there was a 12-fold increase in 7 7 abuse, particularly in institutions, and around this these positive report outcomes for boys and a 5-fold 8 time there were lots more reports of suspected sexual 8 increase for girls, indicating that increased levels of 9 9 abuse of boys in particular and that's because there reports were based on real clinical need; okay? So over 10 were inquiries into the Catholic Church; okay? So there 10 that 20-year period there were over 23,000 of these 11 were social and systemic and awareness-raising factors 11 outcomes, so over 1,000 per year on average. 12 and also agency-related factors related to increased 12 Those findings in Victoria we also concluded were 13 systemic investment which associated that increase in 13 substantially improved outcomes for both girls and boys 14 14 in that state. the last four years. 15 Over the 20-year period, Victoria witnessed 15 The next couple of slides just depict some of these 16 an increase in the rate of reports per 100,000 children 16 trends over time. I'll just draw one point on this 17 of 2.6-fold for boys, 1.5-fold for girls. So there was 17 slide to your attention. If you can see the bottom line 18 more of an increase for boys than there was for girls, 18 on this slide, the kind of grey line there, that depicts 19 but that heightened sensitisation to boys and their 19 the rate of reports by mandated reporters in Victoria, 20 experience of sexual abuse was very important; okay? 20 combined doctors, teachers, nurses, police, over the 21 The third red arrow on that slide is particularly 21 20-year period. There you can see those four trends: an 22 important. 22 initial spike; stability for about 12 years; bit of 23 Over this period, there were substantially enhanced 23 a decline; and then quite a marked increase in the last 24 report outcomes for children. So here we grouped the 24 four to five years. 25 outcomes of reports as follows. Substantiated reports, 25 One line up, that orange or red line, that's the Page 67 Page 68

1	trend line for non-mandated reporters.	1	abuse in the State of Victoria in Australia which had
2	This is good to see, it's instructive to see,	2	mandated reporting and compared them with reports in
3	because it shows you that even where you have mandated	3	Ireland which did not have mandated reporting. We used
4	reporting, you are likely to have more reports still	4	data from the year 2010. These two jurisdictions are
5	being made, for the most part, by non-mandated groups;	5	socially, culturally and economically broadly similar
6	okay? That's not necessarily a bad thing.	6	and with equivalent child populations of 1.1 million
7	But it's important to appreciate that mandated	7	which was useful for comparative purposes. A few major
8	reporting and where there's good outcomes, that's good,	8	findings, first the number of reports. Victoria, with
9	but where there's perceived negative outcomes of	9	mandated reporting, had almost double the number of
10	reporting in a jurisdiction, it shouldn't be sheeted	10	reports as Ireland. So Ireland 2,900; Victoria, 5,800.
11	home just to mandated reporting, there may be problems	11	In Victoria, mandated reports that is by those four
12	with non-mandated reports.	12	groups were 3,113, that's more than occurred in
13	The next slide just shows those positive enhanced	13	Ireland from the whole population.
14	report outcomes for both boys and girls using rates per	14	Second, in terms of the number of substantiated
15	100,000 children. I'll just leave that with you.	15	reports and this is really the headline finding from
16	So that was the second major study we did there.	16	this study Victoria, with mandated reporting, had 4.7
17	A third study we did asked what we thought was	17	times as many as Ireland without.
18	an important question. How do jurisdictions compare	18	4.7 times as many, and that's using the most
19	when they are generally quite similar but only one	19	conservative measure of technically, formally,
20	jurisdiction has mandated reporting for child sexual	20	substantiated reports.
21	abuse? The other jurisdiction may well have	21	In terms of context, human context, with each
22	a policy-based reporting duty or other forms of civil	22	individual child acknowledged as a human being, that's
23	law reporting duty, but they don't have a systematic and	23	780 children in one year alone.
24	systemic mandated reporting law-based duty. So here we	24	So Ireland had 209, Victoria 989.
25	did a comparative analysis of reports of child sexual	25	In Victoria, of that 989 substantiated reports, 536,
	Page 69		Page 70
1	or about 53 per cent, were from mandated reporters. So	1	maltreatment type in the largest state of Australia, New
2	you had 2.5 times as many substantiated cases coming in	2	South Wales, and we're able to analyse data from 2017,
3	Victoria from mandated reporters alone, as in Ireland	3	so quite recent information. This is significant
4	from the entire population.	4	because it's Australia's largest state and in this state
5	The third finding is about children involved in	5	there have been some isolated incidents of undesirable
6	sexual abuse reports and looking at effect on systemic	6	reporting practice; okay? So that was another good
7	capacity. Ireland, the rate of children in those	7	reason to look at these data.
8	reports was one in 387, and in Victoria was one in 211,	8	Now when I say that about those undesirable
9	taking all reports into account and one in 379, just	9	reporting practice instances, it has not been about
10	considering mandated reports. So not an intolerable	10	sexual abuse and that's one of the things this study was
11	burden in Victoria in terms of the effect on systemic	11	able to show.
12	capacity.	12	So first major finding: how many reports were made
13	The next couple of slides depict those numbers in	13	in this jurisdiction involving how many children?
14	a bar chart. This one I think is one of those slides	14	So in that one year, there were 291,000 reports of
15	where those numbers I apologise did not come out.	15	all kinds of child maltreatment combined, but they did
16	Apologies for that.	16	not involve 291,000 children, they involved 121,000
17	I'll leave those charts with you, for reasons of	17	children. That's a beautiful demonstration of the
18	time.	18	phenomenon of multiple reports about the same child
19	The fourth study asked another question again, and	19	okay? that, for substantiation purposes, can be
20	this is an important one to consider: how do reports of	20	counted as one.
21	child sexual abuse differ from reports of other kinds of	21	For sexual abuse there were 39,000 reports of sexual
22	abuse and neglect? So physical abuse, psychological	22	abuse involving 18,000 children. And as a rate of the
23	abuse, neglect and exposure to domestic violence?	23	child population, that was about 1 per cent; okay?
24	What we did in this study was to analyse trends in	24	So the take-home message from there is that sexual
25	numbers and outcomes of reports of each child	25	abuse is reported far less often than some other forms
-5		23	acase to reported far less often man some other forms
	Page 71		Page 72

of maltreatment and, as a proportion of the whole burden 1 abuse. 2 2 of reports, is relatively low. The next couple of slides just depicts some of those 3 3 We compared proportions of reports by maltreatment numbers in graphic form. 4 type, 13 per cent were of sexual abuse. Compare that 4 I'll just run to the last study now. Only got 5 with some other forms of maltreatment combined, and if 5 a couple of minutes left. we refer to these as indirect maltreatment, here I'm 6 So this study basically asked the same question as 6 7 7 talking about neglect, other, which is child risk the last one, but looking at the whole nation of 8 8 behaviour such as alcohol and drug use, domestic Australia: how do reports of sexual abuse differ from 9 9 reports of other kinds of abuse and neglect over time? violence and carer issues, mental health for example. 10 61 per cent of all kinds of maltreatment were the 10 We looked at ten years of data over all of our eight 11 subject of those reports, compared with 13 per cent of 11 states and territories. A few quick findings I'll note 12 sexual abuse. 12 13 Mandated reporters made 83 per cent of sexual abuse 13 Reports of sexual abuse were consistently about 14 reports, which is high compared to other jurisdictions. 14 10 to 12 per cent of all reports of child maltreatment. 15 New South Wales has a very long list of mandated 15 That's combining both non-mandated and mandated 16 reporters, that's probably why. 16 reporters. 17 Outcomes of reports, 5,764 were substantiated and 17 Mandated reports of sexual abuse are about half of 18 18 nearly 5,000 of those were reports by mandated those, so that means of all reports, of all forms of 19 reporters. 19 maltreatment by all reported groups, mandated reports of 20 In New South Wales there have been government 20 sexual abuse are about 5 per cent, maybe 6 per cent; 21 inquiries that have looked at the question of whether 21 okay? So it's a small portion of the overall systemic 22 22 mandated reporting should continue as social policy and burden to deal with, it's reported much less often than 23 they have consistently concluded that it should. 23 other forms of maltreatment and trends in sexual abuse 24 Despite its large numbers of reports, they have accepted 24 reports are quite stable over time and they vary less 25 the evidence of different reporting trends for sexual 25 than for other maltreatment types. Nationally, for that Page 73 Page 74 decade, there were 64,000 substantiated reports of child 1 1 reports of sexual abuse were stable. 2 sexual abuse from all sources, roughly half of those 2 Now what happened in January 2010, New South Wales 3 3 were from mandated reporters, involving about amended its reporting legislation to make it very 4 1.3 per cent of children. 4 clear -- and this was accompanied in reporter 5 The last couple of major points I'll make here. 5 education -- that only significant harm should be 6 Some key systemic challenges did emerge when we looked 6 reported. It removed a penalty for non-compliance and 7 7 at that data, again from eight states and territories, it enabled reports of cases of family need -- for 8 all forms of maltreatment. So we can call this 8 example, in cases of neglect -- to be made to community 9 9 perceived undesirable reporting, but these did not welfare agencies not to statutory child protection. 10 concern reporting of sexual abuse in any jurisdiction. 10 As a result of those factors, reporting behaviour 11 More to the point, they concerned reporting of exposure 11 changed considerably, so those reports, many of which 12 to domestic violence and perceived emotional abuse in 12 were seen as unintended or undesirable reports of DV, 13 only two states and sometimes by specific reporter 13 domestic violence, fell off a cliff after 2010, which is 14 14 groups, not all mandated reporters combined. In one what they wanted to happen. Then they went to places 15 case in particular this was then remedied by legislative 15 where they were intended. change and systemic change. 16 I'm almost finished now, just one more example and 16 17 I'll just quickly move to this example from New 17 this from Victoria. I apologise, this is a very busy 18 South Wales. So an example of undesirable reporting 18 slide, but what this slide shows is that in Victoria 19 practice occurred from 2004 to 2009, and this involved 19 sexual abuse reports were very stable and comprised only 20 reports by police of children being exposed to domestic 20 4.8 per cent of reports over the decade by mandated 21 21 violence, and these were reports many of which were not reporters and 10.8 per cent by all reporter groups. 22 intended to be made by the law. There was also a spike 22 Note, again, that reporting laws in Victoria do not 23 in reports of neglect and physical abuse by some 23 apply to emotional abuse or domestic violence or 24 reporter groups, not all, but you'll note on this graph 24 neglect. A problem happened in Victoria in that there 25 25 that the line for sexual abuse is the red line and was a huge increase in reports of those non-mandated Page 75 Page 76

1	forms of maltreatment by both mandated and non-mandated	1	and systemic austerity and workplace strain. That's
2	reporters largely because there was a growing awareness	2	understood.
3	of the severe problem of domestic violence, but that	3	But evidence does indicate that substantial gains in
4	wasn't about mandated reporting; okay? So where there	4	child protection and benefits in the short-term may also
5	have been some other instances of perhaps unintended	5	flow long-term, including economically. And we must
6	reporting behaviour that some laid at the blame of	6	appreciate that legitimate democratic government has
7	mandated reporting, it actually wasn't about mandated	7	a duty to protect vulnerable children through the
8	reporting at all.	8	adoption of proven policy measures and provision of
9	Just moving to my last slide now. Some conclusions.	9	sufficient budgetary support.
10	Based on the science, empirical evidence and ethical	10	Thank you.
11	considerations strongly support introduction of	11	MS KARMY-JONES: Thank you, I just have one question for you
12	mandatory reporting for sexual abuse. It's been shown	12	one question of clarification.
13	to achieve far superior child protection outcomes with	13	Given your research into the different approaches of
14	relatively little systems burden. It needs always to be	14	mandatory reporting and their impact, can you say which,
15	accompanied and preceded by excellent multi-disciplinary	15	if any, approach has been the most successful in
16	education for mandated reporters. It definitely needs	16	identifying substantiated cases of child sex abuse?
17	to be supported by appropriate resourcing for intake	17	PROF MATHEWS: I would need to look to the data on that.
18	systems and response and service provision systems. It	18	MS KARMY-JONES: Maybe you can come back to us, if that's
19	may well require careful planning for cultural change	19	a question that's possible to answer.
20	and refinement of triage systems, and it does require	20	PROF MATHEWS: Yes, I would need to come back to you on
21	ongoing monitoring to identify areas of education,	21	that. That's a difficult question to answer as well
22	reporting practice and systemic responses that may	22	because it is highly dependent on the agency's capacity
23	require treatment.	23	and the agency's procedures for substantiating cases,
24	We must acknowledge that any systemic change may	24	yes, but I can come back to you on that.
25	appear challenging in current circumstances of economic	25	MS KARMY-JONES: Thank you, thank you very much. We've gone
	Page 77		Page 78
	tion was a second of the second	١.	war a la a la
1	a little over, so I'm going to move on to discussion, if	1	Whether that's given us then the evidence that it
2	that's all right with everyone. I'd like to start with	2	makes a material difference, I think is the point to
2 3	that's all right with everyone. I'd like to start with Albert Heaney from the Welsh Government. What's been	2 3	makes a material difference, I think is the point to contend, because, actually, I think we're starting from
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1	actually a big burst in terms of referrals that hasn't	1	people included in our duties, do we need to expand
2	happened so whereas the evidence internationally is	2	that? But our debate, in terms of Wales, isn't about
3	clearly saying that it has peaked and has led to	3	not having a duty, it's about, have we got it right and
4	heightened referral rates, that hasn't been the Welsh	4	making sure we're doing our training and kind of our
5	experience today, but it is early in our life cycle of	5	workforce in making sure we respond.
6	new legislation, I mean, it's only a couple of years.	6	From the inquiry's work I mean, reading the
7	The one thing I would say as well, there hasn't been	7	inquiry's work, I think the other thing that strikes
8	a real peak in non-compliance, but there's been a real	8	a real chord and a real heart chord, is that actually
9	debate in training in raising awareness around what that	9	some of the stuff that's still coming out from the
10	duty means, who should be so the conversation,	10	inquiry is realtime today, so we don't feel that we're
11	I think that sometimes is helpful, have the conversation	11	in a position where we can be at any stage complacent
12	about, "How do we respond differently to make sure we	12	and see this as, "This is historical". Yes, of course
13	support people, children, young people in telling their	13	there's a very big historical context here to a lot of
14	stories and responding to their particular needs to	14	the inquiry's work, but we're still seeing issues where
15	prevent to detect to stop abuse?".	15	there are failures and gaps, that we need to work
16	So in terms of numbers, there have been a small	16	together in our culture, and back to that seat-belt
17	number of non-compliance, those issues seem to have been	17	analogy of, it's a long time ago when the seat-belt law
18	picked up on by local areas themselves, and responded	18	was changed, but it takes time for us to build our
19	to. So again, whilst that might not be you know, the	19	culture and change our practice.
20	numbers are not high and every one child coming through	20	MS KARMY-JONES: Can I ask a couple of things just to
21	that, we think is the right thing to respond.	21	clarify quickly? Would it equally be the case that
22	Then probably my last comment would be that and	22	there is no significant sign of adverse effect then in
23	I know we're taking a slightly different position	23	Wales?
24	I still think we have a lot to learn, we're interested	24	MR HEANEY: Yes, certainly, there's no major adverse so
25	in terms of whether we're have we got the right	25	there's no major concerns about, you know, peak in false
	Page 81		Page 82
1	referrale peak in demand in terms of inapprendicts	,	MC WILLICON, V L
1 2	referrals, peak in demand in terms of inappropriate. I think that that comes back to then us together, in the	1	MS WILLISON: Yes, so I can give you a figure for the trends. They have been increasing, as Stuart said
3	same as that this is across England and Wales, our	2	uends. They have been increasing, as stuart said
5		2	
4		3	earlier. So for children in need, which is our proxy
4 5	culture, our workforce, our training, so lots of	4	earlier. So for children in need, which is our proxy for what we might see as a referral and as the first
5	culture, our workforce, our training, so lots of conversations with the workforce regulators, Social Care	4 5	earlier. So for children in need, which is our proxy for what we might see as a referral and as the first point at which we have national statistics that we can
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		Т	
1	and 4.1 are identified as child sexual exploitation, so	1	known, I think, to society as an ill than it probably
2	over 10 per cent with some form of child sexual abuse as	2	was ten years ago. But despite looking at this in quite
3	a factor.	3	some detail, what the government hasn't ever been able
4	MS KARMY-JONES: And reasons?	4	to do is pinpoint and suggest exactly why the reasons
5	MS WILLISON: Sorry?	5	behind the increase and try and assess either each of
6	MS KARMY-JONES: Reasons for it?	6	those as a factor.
7	MS WILLISON: Oh, the reasons for the increase. I think	7	MS KARMY-JONES: We also know that the total number of
8	this one is an incredibly challenging debate and is	8	referrals that result in a child being assessed as not
9	actually one that an awful lot of people in government	9	in need of statutory services is increasing. Do you
10	and around have been trying to debate, and I'm afraid	10	have any ideas or thoughts on why that may be the case
11	there isn't a single answer. I have heard many	11	and are the increasing rates of referrals to social care
12	different points around it. Some people have	12	leading to an increase in unsubstantiated referrals?
13	speculated and please remember these are all types of	13	Two questions.
14	abuse rather than just child sexual abuse that the	14	MS WILLISON: Again, we don't have data or evidence that
15	current climate and that austerity may be a reason,	15	underpins what I'm saying, it's more speculation. We do
16	other people have speculated on changes of culture and	16	know, as I said, that there are significantly higher
17	more awareness of risks to children and other people	17	numbers of investigations and what we know is that, as
18	have speculated around a more risk-averse society and	18	a result of that, there are fewer that are turning into
19	an unwillingness to to accept the treatment of	19	cases where children are placed on child protection
20	children now that we did accept even ten years ago.	20	plans so that no further action is being taken, what
21	I think another one that is very commonly quoted is the	21	some people speculate around that is around that level
22	awareness of the damage to children that can be caused	22	of risk aversion, is that concern that drives people to
23	by some of the most common reasons for referrals such as	23	want to check out the circumstances but that not all of
24	domestic abuse or mental health or substance abuse. The	24	those are converting through into specific action taken.
25	impact that that can have on children is more broadly	25	The other point that is often made to me and I'm
	impact that that can have on children is more orodary	23	The other point that is often made to the and thi
	Page 85		Page 86
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1	The other thing that has undoubtedly increased it,	1	someone knew about known abuse or it had been reported
2	and this will be something that Professor Jay is very	2	to them and they had failed to report on, and we would
3	familiar with, we are now responding far more	3	absolutely support that, but the school leaders that fed
4	assertively to some child protection situations that we	4	back to me again, I'm not a practitioner was
5	should've been responding assertively to over many years	5	absolutely that reporting isn't the issue in schools,
6	and it gets wrapped up in terms of contextual	6	they have very clear lines of reporting Keeping
7	safeguarding, but those young people that have been	7	Children Safe and Working Together very clear on the
8	subject to abuse by, you know, gangs, some of the work	8	duties to report to the designated safeguarding leader
9	that Professor Jay did in Rotherham, is now seen as that	9	in schools, and that the concern is then that people
10	is the thing that we should be responding to and we	10	will start doing right things rather than doing the
11	should be responding to that vigorously. Historically,	11	right thing in a compliance culture, and that putting
12	we haven't, and it is shameful to say that, but that's	12	that duty on teachers and that was the biggest
13	the reality of previous investigations.	13	concern, really, from schools.
14	So you know, one of the fruits, in terms of doing	14	MS KARMY-JONES: Thank you. Thank you.
15	the right thing, means that the numbers by their own	15	How might the introduction of a mandatory reporting
16	nature will increase.	16	duty affect practitioners more widely outside social
17	MS KARMY-JONES: Is there anyone here who thinks that there	17	care? So, Simon, also Independent Schools Council, so
18	is a risk that a mandatory reporting duty would create	18	in a similar field, what's your view on that? How might
19	a culture of reporting rather than a culture of acting?	19	the introduction of a mandatory reporting duty affect
20	Yes, Anna?	20	practitioners more widely?
21	MS COLE: I think I represent school leaders I think	21	MR NATHAN: I think, from our perspective, the focus is more
22	that is the concern of our members and when we talked	22	on the practicalities than the principle. You know, we
23	about this in 2016 that was the worry. The kind of	23	would support mandatory reporting if it was a system
24	feedback I got was, first of all, that we would	24	that was proven to be effective.
25	differentiate absolutely from a wilful cover-up where	25	I think what Anna said is entirely right, schools
	Page 89		Page 90
	1 age 07		1 age 70
1	already have systems in place, there will already be	1	relationships between children and organisations or
2	an expectation on teachers and, you know, the other	2	agencies outside the specific institution? Would you
3	staff in schools to report things if they see things	3	have any views on that? What would the effect be on
4	happen. I think if the duty came in, the focus should	4	working relationships, say either between a child and
5	also be on adequate training for teachers, making sure	5	a teacher, between or even between teachers.
6	that teachers know what they're meant to be spotting,	6	MR NATHAN: To be honest, it's I mean that's not
7	know how they're meant to deal with things.	7	a particular issue that I personally look at in great
8	What would the outcome be? I mean, in our original	8	detail, so I'm not qualified to give an informed view.
9	submission in 2016, we were one of the organisations	9	Certainly, you know, the aim should be to create
10	that raised some concerns about unsubstantiated	10	a safe environment for children to be able to come
11	reporting, obviously very interested in the findings	11	forward. And then it's about, you know, people saying
12	from Professor Mathews, you know, the focus for us would	12	in the first session the sort of trust that they put in
13	be, "Is any system getting the right outcome for	13	teachers, but on your specific question I wouldn't
14	children?", and focus is very much on the outcome, not	14	feel
15	on sort of the administrative system that goes around	15	MS KARMY-JONES: Okay, all right. DS Mike Britton, how
16	that.	16	might the introduction of a mandatory reporting duty
17	And, you know, interested in what in sort of the	17	affect the police?
18	first two case studies saying that you know, yes, there	18	DS BRITTON: Thank you.
19	was an increase in reporting, but there was an increase	19	It's a really difficult question to answer and I'll
20	in intended outcomes for children, and I think that's	20	try and give it my best, but one of the things that
21	something that we need to look you know, that was	21	we're always concerned about is the resourcing we have
22	certainly a positive for me in the evidence of something	22	available to investigate these reports and obviously
23	to look at.	23	provide the best quality of service we can to victims
24	MS KARMY-JONES: If attention is placed on referrals and	24	and survivors.
25	reporting, what would the effect be on working	25	It does come back to a lot of the intricacies when
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you're developing this type of policy, so, for example, the training and provision that goes along with it.

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We've not seen a decrease in child sexual abuse reporting for a number of years and we're still seeing that increase. I would have concerns about certain elements of the reports coming in, so, for example, teachers who have a responsibility to report, and then we have -- we have seen an increase in youth-produced sexual imagery. So they would then feel that they have to report every single case of youth-produced sexual imagery to us, because technically that is child sexual abuse of making and distributing indecent images of children.

Currently we don't necessarily see all of those reports because they are dealt with by other agencies, and we would have concerns about how children could be potentially brought into the criminal justice system and ultimately dealt with as potential offenders when we try not to criminalise children for growing up in current society, I suppose.

So we do have concerns about, if there is any increase in reporting, how we would manage that, and given current resourcing and everything else, but I think it does come down to those real intricacies about how it would be drafted, the training provision

that goes along with it, and how that is interpreted by

2 the professionals before it comes into the police

3 service, I think.

4 MS KARMY-JONES: Thank you.

Just turning to you, Moya, if I may. What do we know about reports made about child sexual abuse by NHS

staff? Is there a trend? Has there been an increase

or --

9 MRS SUTTON: I think the inquiry has received previous 10 documentation, but NHS England has just produced its 11 SARC strategy, so to speak, for the next five years, 12 which is an acronym for sexual assault referral centres.

What that strategy sets out is very much the vision from

victims and survivors about what services they want to

receive.

So if mandatory reporting produces a general increase, I think we will have in place a strategy that is prepared to deliver the standards that our victims and survivors want, but what it may well do is put pressure on pediatricians and forensic services and the strategy does set out an investment plan to try and do that.

I think one of the things that we perhaps haven't touched on -- and it may not be appropriate to touch on it within the conversations today -- is there's

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something about so what difference does it actually make? We have a spike in referrals, substantiated referrals, but at the very beginning we heard about the impact that child sexual abuse has on children growing up and into later life. We heard about drugs and alcohol, mental health, suicide, et cetera. One of the things that I think from a public health and a health and well-being perspective is that I would really be interested to know, certainly from our colleagues in areas where it has been introduced, has it resulted in health improvement, health gain for children and young people? Has it improved -- has it reduced unwanted pregnancy and sexually transmitted infections? Has it increased that system to mental health support? Has it increased education, access and education success for these young people? Has it reduced self-harm? Has it increased in children being protected in the looked after children system? And has it reduced any youth justice relationship? Because we've provided that support, because we've found them, whereas perhaps we haven't found them before.

I think that if we were to make a compelling argument to partner agencies to say this actually is worth an investment because in the long-term it actually will improve the life chances of children and young

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people from a health youth justice education perspective, then that's a very compelling argument,

3 isn't it.

4 MS KARMY-JONES: Ben, can you say anything about that?

PROF MATHEWS: I can. There is little long-term empirical

6 evidence of the kind that you've just mentioned.

7 However, what I would say is that there is evidence

8 about the number in Victoria, for example, of children

9 who were in investigated reports and substantiated

reports who were then referred to health services. Now,

to my knowledge those children have not been followed up

into later life to examine their health outcomes;

nevertheless, it is known that they certainly did

receive health services.

As well we also know that a lot of substantiated cases do then connect with formal child protection care orders, for example in cases of familial sexual abuse, so that is certainly a beneficial outcome.

We also know that some cases help to connect with the criminal justice system so that offenders can be criminally prosecuted, not only in some cases for the abuse of the index child but for their abuse of other children as well.

So there are multiple benefits from those kinds of report investigation outcomes.

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1	It is a gap in the field to do long-term follow-ups	1	profession. So that is one huge investment that is done
2	of individual children and their health outcomes.	2	ahead of time, ahead of when the reporting duty is
3	I think, however, it's plausible to suggest and conclude	3	implemented so that practitioners know what sexual abuse
4	that those beneficial outcomes are there to the extent	4	is, what signs and indicators to look for, what is not
5	that we need to support this as a policy.	5	sexual abuse, what should not be reported by police.
6	MS KARMY-JONES: Can I just ask you this. What's been	6	Okay? Self-generated selfies should not be reported
7	introduced, or are you able to tell us what has been	7	as sexual abuse.
8	introduced elsewhere, alongside mandatory reporting	8	With that, we've seen in, for example, Victoria and
9	specifically to support its implementation? So, for	9	Western Australia and Queensland and the other states
10	example, where it's led to an increase in substantiated	10	and territories in Australia, and in Canada and the US,
11	cases there's going to be an impact, isn't there, on	11	that there's substantial agency investment, and we're
12	police or however the investigation mechanism is carried	12	talking lots of money in some cases. And this is
13	through. So what's in place to deal with that?	13	because it's both a government responsibility, but it's
14	PROF MATHEWS: Absolutely, yes. And this is a very	14	also a systems issue that involves not only child
15	important point which goes to some of the questions and	15	protection systems but juvenile justice systems, in some
16	answers that were given before.	16	cases, criminal justice systems and public health
17	This is not just an individual institutional issue,	17	services.
18	although it is an institutional issue and a professional	18	So, yes, it's accompanied by substantial investment
19	and practitioner-based issue, this is a systems issue.	19	that recognises the short-term need to support
20	So when this is introduced as a policy for a start there	20	investigations and health service responses and
21	are investments in multi-disciplinary educational	21	rehabilitation responses, but it also recognises the
22	programmes for reporters. They are implemented at	22	long-term economic gain that comes from that investment.
23	a sector-wide level, so not just within one school or	23	MS KARMY-JONES: So in your view is overarching consistency
24	within one school area or even within one independent	24	in approach essential to make the systems work?
25	school or Catholic school system, but across an entire	25	PROF MATHEWS: It's certainly highly desirable and it should
23	school of Catholic school system, but across all chare	20	The training we have committed in the contract of the contract
	Page 97		Page 98
1	happen, yes.	1	then developed into all Wales procedures and practice,
2	MS KARMY-JONES: And across institutions?	2	in terms of from a government response now it's very
3	PROF MATHEWS: Yes, absolutely, absolutely. And that's one	3	easy for us to work with our partners because they see
4	reason why the laws are superior to isolated	4	it as about a whole Wales approach. Alongside that, to
5	policy-based approaches that have been shown not to be	5	strengthen, we've developed a national independent
6	sufficiently consistent, sufficiently high quality and	6	safeguarding board, independent members who then advise
7	taken sufficiently seriously by those in those	7	Welsh ministers on key safeguarding issues that need to
8	professions.	8	be strengthened within Wales alongside the traditional
9	MS KARMY-JONES: Thank you.	9	local children's safeguarding board approach.
10	So just going back to Wales, if I may, is there that	10	In terms of the point of the difference, I think
11	kind of overarching consistency of approach and guidance	11	you know, I can't say in front of this group today,
12	given across institutions? And, secondly, you said that	12	because the evidence is not there, that this has led to
13	in effect the duty to report has not, as far as you can	13	a substantial change in terms of referrals and numbers.
14	see, necessarily led to significant benefits, certainly	14	That evidence is not there. I come back to the
15	not the ones that Ben has outlined to us. If it hasn't,	15	principle, so, you know, there's something about from
16	do you think that there's any need for the duty to be	16	a Welsh perspective, from a ministerial perspective,
17	strengthened? Is there a question about the duty not	17	from a safeguarding arena, we didn't get perhaps we
18	being strong enough?	18	should've had but we didn't get the kind of
19	MR HEANEY: Okay. Thank you very much.	19	contentious debate on the for or against view, it was
20	So the first part of the question was about, you	20	very much and maybe that was the development over
21	know, is there consistency of approach, which is	21	a period of time because professionals are working
22	absolutely essential. It goes back then into the	22	together.
23	history of the development really in terms of the Welsh	23	Actually I expect professionals to make referrals.
24	safeguarding arena. If you go back into the 90s, there	24	I do. I expect them to be listened to and responded to
25	was regional procedures and practice developed, that	25	with a duty of care that gives that child and young
	was regional procedures and practice developed, that	23	with a daty of the gives that thind and young
	Page 99	23	Page 100

1	person the best advantage for the opportunities to be	1	unique in that.
2	I expect the children's voice to be heard in that whole	2	But can I turn to a slightly different topic now
3	process.	3	which is what's the impact of mandatory reporting on
4	MS KARMY-JONES: Is the expectation enough? Is it enough to	4	victims of and survivors of child sexual abuse? In the
5	expect?	5	sense that increased referral inevitably well, is it
6	MR HEANEY: Well, that's why we had the duty, because the	6	inevitable? means increased intervention in the lives
7	duty there, the guidance, the procedures, are all in	7	of children and families? Does that undermine
8	place and no one of them is more important than the	8	confidentiality for those contemplating disclosure?
9	other, it's the collection of bringing it together in a	9	Does it risk causing families to engage with public
10	focus. So, for example, we have national approached	10	services? Is that a risk? I mean, it's just something
11	advocacy, every child, young person, within Wales,	11	we touched on earlier, and I want to come back to it
12	because of a learning of abuse, has a right to what we	12	again.
13	call is an active offer, which is a direct approach	13	Paul, have you got anything you'd like to add to
14	between an advocate and themselves so their voice is	14	that, the impact on the victims?
15	heard. Because we have gone through our own pain and	15	MR STEWART: I think it's very difficult really because, you
16	trauma - anyone who has followed the Welsh history will	16	know, when we talk about all the data that we've
17	know exactly what happened in North Wales, and we had a	17	collected there and people's observations, and I think
18	duty and have a duty to continue to respond and be	18	Albert's observation was right about we have a duty of
19	setting ourselves up for making sure that children and	19	care as adults to report whether mandatory reporting is
20	young people's voices are always heard.	20	
21	MS KARMY-JONES: It is just interesting, isn't it, that the	21	in place or not. I mean, I genuinely believe that it's education that we need to look to improve, whether
22	Welsh experience doesn't seem to reflect the experience	22	that's in a school setting or whatever setting that's
23	that Professor Mathews has told us about, which is	23	
24	crossing many borders and looking at many different	24	in. The children I think becomes that her been ever
25	systems. So perhaps the Welsh experience is a little		The spikes, I think because that has been over
23	systems. So perhaps the weish experience is a little	25	a longer period than what Wales have probably introduced
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1	it for, is probably why you haven't got the data from	1	volunteers will report concerns about child sexual
2	Wales really.	2	abuse?
2 3	Wales really. But I think when we're all sat here, and what's	2 3	abuse? MS WILSON: Probably yes, we do. I think certainly from
2 3 4	Wales really. But I think when we're all sat here, and what's happening out of just this afternoon for me, is the fact	2 3 4	abuse? MS WILSON: Probably yes, we do. I think certainly from a scouts' point of view and it comes back to what I
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1	professionals? Is it volunteers? And we would say that	1	happening again. Because it will happen again, it does
2	what we do with all our volunteers is say if they have	2	happen again, every you know, I've heard hundreds of
3	any concerns, and we mean the low level concerns,	3	disclosures from people, they have come into contact
4	because low level concerns are what people use to start	4	while being a child and young person who are being
5	to groom everybody, a groomer, a person who is going to	5	abused, with numerous healthcare professionals, people
6	abuse a child, will groom the entire people, the	6	in education, extended family members have tried to
7	atmosphere, everything. So we would absolutely support	7	disclose in the way they knew how, have tried to say
8	low level reporting of concerns because you pick up poor	8	something. And if we just empower all those people to
9	practice and grooming.	9	make a report, it could've stopped, you know, at that
10	MS KARMY-JONES: Yes. I'm just going to go to Yehudis	10	first incident, the next one, as opposed to often times
11	because you wanted to add something.	11	going on for years.
12	MS GOLDSOBEL: I do just want to add something, because you	12	So I think the confidentiality or the concerns about
13	mentioned confidentiality, sort of from a disclosure,	13	families having to engage with services is almost
14	and then mandatory reporting.	14	nothing in comparison to what we think and what we know
15	I'm obviously in vote of education and prevention,	15	young children go through when it's sexual abuse.
16	like that, it should be paramount, but I don't think it	16	MS KARMY-JONES: So no more gaze aversion.
17	comes under mandatory reporting at all. I think when	17	MS GOLDSOBEL: Yes.
18	we're talking about children who are being sexually	18	MS KARMY-JONES: So one of the things perhaps we'll touch on
19	abused and raped, sometimes on a daily basis, I think	19	tomorrow, and which perhaps everyone can think about
20	confidentiality is off the table. We're talking about	20	overnight, is how do we because it does come down to,
21	stopping it from happening again, and everyone that	21	in a sense, a form of education, everyone getting to
22	comes into contact with that child or young person needs	22	a point such as that point, how does consistency become
23	to know that they have not just the best practice or	23	a cross-border thing? How do we arrive at that
24	a duty of care, they have a legal obligation to report	24	position? How do we enable individuals to fulfil
25	and protect this child and young person to stop it from	25	they're roles as mandatory reporters?
	Page 105		Page 106
1	Councilian to think about arounisht but before us do	1	I gave evidence in 1987 under oath to the effect
1	Something to think about overnight, but before we do		
2	that and hafara was as I would like many to turn to the		_
2	that, and before we go, I would like now to turn to the	2	that a medical diagnosis of child sexual abuse was
3	public gallery and ask some questions.	2 3	that a medical diagnosis of child sexual abuse was an important change in medical practice. I am one of
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children don't often disclose verbally and it's not 1 an opportunity yet to speak who would like to? The 2 2 their duty to do this, okay? It's up to us adults to be gentleman in the back. 3 3 there for the children. CORE PARTICIPANT: Hello, my name is Gerard Kerslake and I'm 4 They will show signs and symptoms of distress, and 4 here from Estyn, which is the inspectorate for education 5 if we're not able to pick that up that is our duty of 5 and training in Wales. care to do that and it's our duty of care to actually 6 I was interested in some of the conversation earlier 6 7 which is away from child disclosure and more in terms of 7 make sure that we pass that information on, so that 8 8 identifying professional practice and poor professional child gets the interventions that they need, so that 9 9 they are not a cost to society for the rest of their practice, in particular grooming behaviour. I wonder if 10 entire life. Yes? 10 there's any consideration being placed in the discussion around structures which should challenge the 11 But also when they do disclose, the backup support 11 12 from all the systems, this needs to be properly 12 professional collusion that can potentially go on 13 13 resourced because if that disclosure is not taken up and between professional staff, between managers within 14 passed on, that child is then placed back with the 14 schools and their staff, governing bodies and those 15 abusive environment that they've come from, and they 15 managers and local authorities, particularly in Wales. 16 will close down and they will deny that that abuse will 16 It's slightly different in Wales to England, local have happened. It's happened to too many people. 17 authorities have a stronger role in Wales than they do 17 18 18 in England. If the child is removed, their next place of where 19 they live needs to be safe, and this is an inquiry of 19 So there's the potential for collusion within the 20 system to protect the reputation of individual teachers 20 institutional abuse, abuse in childcare homes, yeah? 21 Are we taking a child out of an abusive situation and 21 and individual institutions, and also the unions can 22 22 also become involved in this process in order to protect placing them in another abusive situation? That has got 23 to stop, because otherwise we'll have another inquiry 23 individual professionals. 24 like this in 30 years' time. 24 I just wonder, in terms of the discussion around 25 MS KARMY-JONES: Do we have anyone who hasn't had 25 mandatory reporting, if there's any consideration going Page 109 Page 110 into how to challenge those structures to make sure that 1 1 against mandatory reporting? Even those of you who are 2 all of their behaviours are about placing the child 2 very much for, just think -- I wonder, can you come up 3 first, in particular when there is an allegation about 3 with one good reason against? And are there any 4 particularly early grooming behaviour by a professional, 4 challenges to identifying and reporting concerns about 5 that that is not suppressed, in particular action from 5 child sexual abuse in your own areas of work? And, if 6 unions which might seek to protect the professional 6 so, are there things that could be done to overcome 7 where there's an allegation that it's an unsubstantiated 7 them? How do you deal with the difficulties, the 8 case, for instance. 8 challenges? What elements of mandatory reporting have 9 But I think the issue is much bigger than simply 9 the potential to have an impact on professionals or 10 whether a child reports to an adult and then whether the 10 individuals working in your sector? And is there 11 adult takes it on, that in itself is of substance, but 11 anything else that we need to consider as part of this 12 also the other stuff about professional behaviours and 12 seminar? 13 identifying those early on. 13 We have a session at the end that's a little bit of 14 MS KARMY-JONES: Thank you very much. That's an interesting 14 a mop-up session where we're hoping to draw a number of 15 point about the culture of professional collusion, and 15 strands together. 16 it may be something that we come back to tomorrow and 16 So if you could think about those things it would 17 something to think about overnight 17 assist us greatly for tomorrow, and we'll come back to 18 In line with those last points and the points that 18 some of the questions today then. 19 you've heard raised from the public gallery, can I ask 19 If I can hand over now, chair. 20 you to also think about a couple of other things. 20 THE CHAIR: I just want to say thank you to everyone for the 21 Openly, open minds, just really could you think 21 participation today given there's a lot to think about. 22 overnight about what are the other considerations, we've 22 Particularly thanks to Professor Mathews for two very 23 talked a lot about the impact of mandatory reporting in 23 illuminating inputs. Thank you. 24 relation to, you know, resource and that sort of thing, 24 We'll reconvene tomorrow. 25 but what are the other considerations particularly 25 (4.30 pm)

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